PART B - FEE(S) TRANSMITTAL

Complete and senoul	tis form, tegether wi	th applicable fo	ee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Vir (703) 746-4000		
INSTRUCTIONS: 10.8, form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All furthe correspondences below the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 05/19/2005 ARENT FOX KINTNER PLOTKIN & KAHN, PLLC Suite 400 1050 Connecticut Avenue, N.W. Washington, DC 20036-5339				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
-						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,252 11/26/2003 Yoh Takano 024808-00015 6102 TITLE OF INVENTION: MEMORY DEVICE COMPRISING HYSTERETIC CAPACITANCE MEANS						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	08/19/2005
EXAMINER		ART UNIT		LASS-SUBCLASS]	•
NGUYEN, TAN		2827		365-145000		پ
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number 01-2300 (enclose an extra copy of this form).						
5. Change in Entity Status (a. Applicant claims SN	from status indicated above MALL ENTITY status. See		b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
					brenid signa (pp. po the applies is seled another or agent, to all	
Authorized Signature	161 CC	ρ	<u>14.Nb.4</u> (,66	02 FC Date 3 PD a	1504 905t 19, 2005	300.00 OP 30.00 OP
Typed or printed name	Charles M. Marr	melstein		Registration	25 805	
Alexandria, Virginia 22313-1	11a 22313-1450. DO NOT 1 450.	SEND FEES OR C	OMPLETED FORM	S TO THIS ADDRES	the public which is to file (and minutes to complete, including omments on the amount of tin Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	for Patents, P.O. Box 1450,